

Kirkby Community Primary Care Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kirkby Community Primary Care Centre on 7 September 2017. This service was placed into special measures in September 2015. This related to a previous provider that no longer operates this service. This inspection took place following the implementation of a new provider in October 2016 and found significant improvements had been made to the quality of care provided. I am taking this service out of special measures, which reflects the significant improvements in clinical safety, quality assurance and leadership.

Overall the practice is now rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Clinical pharmacists had implemented medicine audits and worked with discharging hospital clinicians to improve patient safety and long-term prescription monitoring.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The provider had established clinical and non-clinical support processes for staff.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- There was evidence of sustained and wide-ranging improvements in leadership, governance and patient safety since we last inspected the practice under a previous provider. Improvements had been made at all levels of the practice and there were demonstrable improvements for patients, which had resulted in some patients returning after having left to register with an alternative practice.

- There was significant focus on multidisciplinary care to meet the needs of vulnerable people and those with complex needs. This included an in-house 'pathways' patient advisor and weekly scheduled clinics for those with needs relating to drug and alcohol use.
- The practice performed significantly better than the CCG in the pre-diabetes education programme, uptake of the improving access to psychological therapies programme and the completion of health checks.

The areas where the provider should make improvement are:

- The provider should continue to work towards establishing a permanent GP team to ensure consistency of available appointments and clinical governance.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events that included continual support from the provider.
- Lessons were shared to ensure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The new provider had established a programme of clinical quality improvement through audits and benchmarking.
- Staff assessed needs and delivered care in line with current evidence based guidance and maintained an audit trail of improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff, including clear achievement goals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. This included extensive multidisciplinary working tailored to the needs of the practice population.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with local and national averages.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with local service providers and the clinical commissioning group to secure improvements to services where these were identified.
- Although the practice was staffed by locum doctors, patients said they found it easy to make an appointment with their preferred GP. There was continuity of care, with urgent appointments available the same day.
- The practice had a range of facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- A patient advisor was based in the practice and provided patients with support to access wider community services.
- The practice offered coils, implants and minor surgery led by a doctor who was a Fellow of the Royal College of Surgeons.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice was placed into special measures in 2015. At this inspection we found significant and sustained improvements in all areas, which was clearly evidenced by clinical audit data, safety track record and improved leadership.
- The leadership team had addressed all of the factors that contributed to our previous rating of inadequate and there was a newly embedded culture of driving change underpinned by quality assurance.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were being supported through a period of significant change in leadership and the new provider had ensured clinical and non-clinical support was always available.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had up to date policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The senior team encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had been re-established in October 2016 and demonstrated a proactive approach to informing practice development.
- There was a consistent focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive and personalised care to meet the needs of the older people in its population, including military veterans. Patients aged 70 and over represented 8% of the practice list.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- 72% of patients over the age of 65 had received a flu, pneumonia and shingles vaccination compared to the CCG average of 73%.
- The practice undertook joint care home visits with the practice clinical pharmacist to review repeat prescriptions and undertake timely medicine reviews.
- End of life care was delivered in line with national evidence-based standards, including the Gold Standards Framework and the National Coalition for Palliative Care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff and clinical pharmacists had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice demonstrated consistent high levels of performance in diabetes and mental health care and outcomes.
- The provider's statement of purpose focused on the provision of multidisciplinary and consistent care for long-term conditions. This was adapted to the needs of the local population and included chronic obstructive pulmonary disease and heart failure.
- A range of monitoring protocols were in place to ensure timely recall of patients with certain conditions.

Good



Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk including children who had a high number of accident and emergency attendances. Immunisation rates were higher than CCG and national averages for all standard childhood immunisations.
- We found evidence children and young people were treated in an age-appropriate way and were recognised as individuals.
- 87% of eligible patients had undergone cervical screening, which was better than the CCG and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies. This included a children's waiting area.
- The practice offered same-day access for children under the age of five.
- We saw positive examples of joint working with midwives, health visitors and school nurses, including for patients who were vulnerable or those who needed confidential support in areas such as sexual health.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group. This included on-site support for drug and alcohol addiction.
- Sexual health, coil fitting and contraception services were offered by the practice.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. A dedicated patient advisor was based in the practice and offered targeted one-to-one support and signposting to specialist providers.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies including local crisis teams.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had supported patients experiencing poor mental health to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health, including those living with dementia.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published on 7 July 2017 and related to patient feedback from January 2017 to March 2017. The results showed the practice was performing in line with local and national averages. 382 survey forms were distributed and 135 were returned. This represented 2% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 63% and the national average of 71%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 84%.

- 82% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 73 comment cards, of which all but one were positive about the standard of care received. Patients noted the friendliness, approachability or welcoming attitude of reception and clinical staff on 62 cards and noted the ease of making an appointment in 58 cases.

We spoke with two members of the patient participation group who gave positive examples of care and accessible services at the practice.

Areas for improvement

Action the service SHOULD take to improve

The provider should continue to work towards establishing a permanent GP team to ensure consistency of available appointments and clinical governance.

Outstanding practice

- There was evidence of sustained and wide-ranging improvements in leadership, governance and patient safety since we last inspected the practice under a previous provider. Improvements had been made at all levels of the practice and there were demonstrable improvements for patients, which had resulted in some patients returning after having left to register with an alternative practice.
- There was significant focus on multidisciplinary care to meet the needs of vulnerable people and those with complex needs. This included an in-house 'pathways' patient advisor and weekly scheduled clinics for those with needs relating to drug and alcohol use.
- The practice performed significantly better than the CCG in the pre-diabetes education programme, uptake of the improving access to psychological therapies programme and the completion of health checks.

Kirkby Community Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Kirkby Community Primary Care Centre

Kirkby Community Primary Care Centre (KCPC) is a single-site GP practice based at:

Portland Street

Ashfield Health Village

Kirkby-in-Ashfield

Nottingham

NG17 7AE

KCPC is operated by Primary Integrated Community Services Ltd (PICS), which is a GP owned provider organisation. PICS is responsible for the practice under an alternative provider medical services (APMS) 'caretaker contract' until March 2018 when a new permanent provider will be announced through a tendering process. APMS is a contracting route that enables organisations to negotiate local service contracts and to provide medical services to the extent of the needs of the local population.

The practice has a clinical team of four locum GPs, two advanced nurse practitioners, two practice nurses, a healthcare assistant and two clinical pharmacists. Two locum GPs have worked at the practice on a long-term basis and provided continual care during a change of provider. A practice supervisor, a primary care support coordinator and a team of 11 administrators, secretaries and receptionists provide non-clinical support. A patient advisor is based permanently at the practice. A medical director and clinical lead from PICS provide additional clinical capacity and clinical governance oversight.

The number of weekly GP sessions available varies due to changing availability of locum GPs. During this inspection we looked at GP sessions for a three month period between July 2017 and September 2017 and found the number of weekly sessions varied between 23 and 43. Two long-term locum GPs consistently provide eight sessions each per week.

The practice is readily accessible for people who use wheelchairs and by parents with pushchairs. A portable hearing loop system is available and there are quiet waiting facilities for patients who find the main waiting area can cause anxiety. Private space is available for breast-feeding. A café is available on site along with various other services including the Citizens Advice Bureau.

The practice services a patient list of 5712 and is in an area of high deprivation.

The practice was open between 8am and 6.30pm Monday to Friday and between 9am and 1pm on Saturdays. Appointments were from 8am to 6.15pm Monday to Friday and 9am to 12.30pm on Saturdays.

Detailed findings

We previously inspected KCPCC on 19 November 2015. At that time the practice was placed into special measures and the provider was removed from registration with CQC. The inspection on 7 September 2017 was the first inspection we carried out at the practice under the new provider, PICS. PICS took over the practice in October 2016.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 September 2017.

During our visit we:

- Spoke with a range of clinical and non-clinical staff.
- Spoke with stakeholders and members of the patient participation group.
- Observed how patients were being cared for.
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework, this relates to data from 2015/16. This data relates to the practice performance before the current provider took over the practice in October 2016. We have included this data as it is an indicator of recent performance with the existing population group and clinical staff. Information and data resulting from the work and performance by the practice since October 2016 relates to the new provider, Primary Integrated Care Services Ltd.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the senior team of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The practice reported 10 significant events between October 2016 and August 2017. We saw from looking at significant event investigations, correspondence with affected patients and the minutes of clinical governance meetings that the senior team identified the cause of incidents and implemented changes in policy to prevent them recurring. For example one significant event resulted from a breach of confidentiality. As a result the confidentiality policy was updated to ensure clinical staff positioned their computer screen away from patients. The updated policy also required reception staff and clinicians to identify each patient using two means.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events. Monthly meetings for all practice staff and a meeting for clinical staff meant significant events were discussed regularly by appropriate teams. This information was shared with the clinical lead and medical director at the provider, which ensured continuity of investigations and enabled shared learning across other practices in the provider's group.
- The results of a survey in December 2016 indicated 75% of staff rated their knowledge of incident reporting procedures as good. As a result the provider provided refresher training to all staff including one-to-one sessions to ensure each member of staff understood the process.

We reviewed safety records, incident reports, National Patient Safety Alerts (NPSAs) and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example the practice supervisor maintained an audit trail of NPSAs, which were acted on by designated staff included an advanced nurse practitioner and a clinical pharmacist.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. GPs and advanced nurse practitioners attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- Locum GPs were trained to child safeguarding level 3 and adult safeguarding level 3. Other clinical staff were trained to safeguarding level 2 for adults and children.
- The practice had implemented a strategy and protocol to ensure all staff adhered to the government's national 'PREVENT' strategy, which aimed to identify and respond to suspected radicalisation.
- Following a change in provider that led to significant staffing changes in October 2016 the practice did not have a permanent salaried GP or GP partner. Instead two long-term locum GPs, one of whom was the designated lead GP, provided clinical care. There was a system in place to ensure locum GPs were appropriately vetted prior to starting work and the provider's primary care support coordinator and clinical lead provided ongoing oversight. Each locum was issued with a 'buddy pack' that ensured they knew where and how to access support.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had

Are services safe?

received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- There was evidence of improvement in practice as a result of infection control audits. For example an annual audit in 2016 found the practice to be non-compliant with the Department of Health Health Building Notes 00-09 in relation to the separation of waste and clean stock and the availability of hand gel. At our inspection we found the action plan from the audit had been completed and specific job plans and descriptions introduced for staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. This included obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Processes were also in place to monitor the implementation of changes to practice based on MHRAs. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the practice nurses was undertaking training to become an independent prescriber to be able to prescribe medicines for specific clinical conditions. They received mentorship and support from the lead locum GP and a clinical pharmacist for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice participated in a prescription engagement scheme that aimed to ensure cost-effective prescribing and the implementation of recommendations made by the CCG. Between January 2017 and July 2017 the

practice implemented more than the target of 25% acceptance of recommendations in each month with an overall average of 28%. Under this scheme the practice had achieved a significant improvement in the maintenance of using less costly blood glucose strips. This included an 81% achievement, which was better than the 65% CCG target.

- The practice clinical pharmacist undertook care home visits to review repeat prescriptions and undertake timely medicine reviews.
- Clinical pharmacists worked with the CCG prescribing team to implement medicine safety reviews. This included the pharmacist-led intervention for reducing clinically important errors in medication management (PINCER), which resulted in safer prescribing for older patients who were prescribed non-steroidal anti-inflammatory medicines (NSAIDs). PINCER is a quality improvement tool used to improve prescribing safety.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was an up to date health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Fire drills and simulated evacuations were coordinated by the building management team, of which this practice was one tenant. The building's main reception kept a record of fire marshalls for each area and a monthly compliance report indicated the practice maintained the fire alarms, emergency equipment and building risk assessments.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The provider was able to provide additional support staff at short notice.

- The provider, PICS, had established strategies to reduce clinical risk. This included discharge protocols, a daily duty doctor and risk committees.
- An up to date heart attack action plan was in place and all staff were trained in its use. This enabled staff answering calls from patients to react appropriately when they described symptoms that required an immediate emergency response.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which staff used to summon help in an emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a protocol to establish an incident management team. Risk assessments for this had been updated in August 2017 and ensured each individual member of staff had a specific role in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Clinical pharmacists had established an evidence-based communication and resource protocol that meant answers to queries from clinicians and patients were given with reference to accredited sources and evidence.
- Phlebotomy services were provided to patients aged two and over to assess needs and reduce unnecessary hospital visits.
- The practice had adopted the evidence-based 'GRASP-AF' atrial fibrillation tool in partnership with the clinical commissioning group (CCG) to better use clinical data to provide timely care for the prevention of stroke. GRASP-AF is an electronic tool used in GP practices to make better use of clinical data to reduce the risk of stroke in patients with atrial fibrillation.
- Patients with a new diagnosis of depression were reviewed between 10 and 56 days of starting new medicine to assess their wellbeing.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results, relating to 2015/16, were 99.5% of the total number of points available.

Overall clinical exception reporting was 13%, which was slightly higher than the CCG average of 10%. Exception reporting was significantly lower (10% or more better) than the CCG averages in the cancer, dementia, mental health

and osteoporosis clinical domains. Exception reporting was significantly higher than the CCG averages in the atrial fibrillation and diabetes domains. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to, or better than, the national average and CCG average in all five indicators. For example, 90% of patients with diabetes had a foot examination and risk classification in the preceding 12 months, compared with the CCG average 82% and the national average of 88%.
- Performance for mental health related indicators was better than the national average and the CCG average in all three indicators. For example, 86% of patients with schizophrenia, bipolar affective disorder or other psychoses had an agreed, documented care plan in the preceding 12 months compared with the CCG average of 86% and the national average of 88%.

There was evidence of quality improvement including a newly-implemented and developing audit programme established with the introduction of a new provider.

- There had been nine clinical audits completed between October 2016 and September 2017, all of which were completed audits where the improvements made were implemented and monitored.
- Clinical pharmacists had established a repeat prescription audit and were preparing to implement clinical quality audits as the new provider entered their second year.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included recall of all patients prescribed aspirin to check for their need for gastrological support. In response to new clinical guidance from NICE, the practice reviewed each patient diagnosed with chronic kidney disease to assess if their care could be improved with statins.

Information about patients' outcomes was used to make improvements such as:

Are services effective?

(for example, treatment is effective)

- An effective system was in place for the management of two week wait referrals. For example, a designated member of the administration team followed up on each referral made by a doctor.
- A duty doctor system was in place to ensure that pathology results were reviewed on the same day they were received.
- A GP contacted each female patient after a new birth to check on their health, ensure they received midwife involvement and to encourage attendance at an eight week check.
- An audit of 214 cervical smears between October 2016 and March 2017 found an adequacy rate of 92%. The practice analysed this between both qualified sample-takers and used the results to highlight the consistent good practice and identify how to decrease the number of inadequate samples.
- Practice staff maintained up to date clinical and policy knowledge through monthly protected learning time. Recent learning sessions had included sepsis management in primary care, cholesterol management and caring for patients with chronic kidney disease. Staff told us they felt supported by the senior team and the provider to access additional training whenever it would be beneficial to their practice.
- A GP providing minor surgery held a Fellowship of the Royal College of Surgeons, which enabled them to deliver surgical services according to national safety and quality standards.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training including an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussions at practice meetings.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The new leadership team implemented in October 2016 had prioritised appraisals with each member of staff, which meant each individual had undergone a one-to-one meeting in the 12 months prior to our inspection.
- A training plan was in place for each member of staff and included specific training to help individuals develop professionally such as through a leadership course or non-medical prescribing course.
- Clinical pharmacists had participated in the NHS England clinical pharmacists in GP practice pilot, which included training from the Centre for Pharmacy Postgraduate Education.
- The practice demonstrated a proactive approach to developing staff and supporting them with career progression. For example, a member of the reception team had successfully completed phlebotomy training and provided support to clinical staff in this role. In addition a new lead nurse in primary care had been established to provide leadership to the nursing team and introduce inter-practice collaboration with another local practice under the provider's remit.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- One of the clinical pharmacists was a non-medical prescriber and provided support to the advanced nurse practitioner, who was undertaking a prescribing qualification. In addition a clinical pharmacist planned to undertake training in cardiovascular and respiratory medicine to support the practice team with long term condition care.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and intranet.

- This included care and risk assessments, care plans, medical records, investigations and test results.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Records of do not attempt resuscitation (DNAR) decisions were shared with the GP out of hours service and the NHS 111 service.
- There was evidence that coordinated patient care led to reduced risk and improved outcomes. For example a clinical pharmacist had identified one patient's poorly controlled atrial fibrillation from hospital discharge records. As a result a joint investigation with the patient's GP took place that led to a significant change in treatment to prevent a serious bleed.
- Records of multidisciplinary meetings showed GPs, nurses, clinical pharmacists and the patient advisor worked with a wide range of professionals to coordinate patient care. This included a drugs and alcohol team, neurological rehabilitation, speech and language therapy, a diabetic nurse, clinicians from a chronic obstructive pulmonary disease clinic, physiotherapists and occupational therapists.
- Clinical pharmacists responded to patients' discharge summaries from hospital that included changed or new prescriptions. They also worked with the hospital medicines information department to identify errors in discharge letters and support patients with the transition between secondary and primary care.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The patient advisor acted as a link between GPs and nurses and external professionals to review patients with complex needs, including social needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- GPs used a specific consent process prior to carrying out minor surgery. This included a documented discussion with the patient regarding risks associated with bleeding, wound infection and scarring.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- End of life care and palliative care were key considerations in the provider's statement of purpose. This included providing care using a case management approach that meant patients were treated in their own home by specialist nurses with continual oversight from GPs. The practice used an electronic palliative care coordination system (EPaCCS) and held quarterly meetings with the palliative care team and Macmillan nurses using Gold Standard Framework standards.
- Clinical pharmacists and the nursing team worked together to support patients with long-term prescriptions for pain medicine, including pain patches. For example, this team had met with patients diagnosed with long-term pain conditions to identify if their needs could be better met by a mental health clinic rather than a pain clinic. This was part of a broader focus on the prescribing of opiates. Opiates are a category of medicines used for pain relief.
- A range of monitoring and recall protocols were in place to support patients with long term conditions to live healthier lives. This included a thyroid register, monitoring of patients on shared care medicines and shared care protocols for patients with prostate cancer.
- The patient advisor used a recognised test during initial consultations to assess patients for depression before planning their support. This meant patients who needed more specialist clinical care were referred to a psychologist and social inclusion workers in the community. Patient advisor consultations were documented in each patient's medical records, which meant their GP or nurse could maintain oversight of the support they received and its effectiveness.

Are services effective?

(for example, treatment is effective)

- Between October 2016 and September 2017 the practice had the highest uptake rate of referrals (73%) in the clinical commissioning group for improving access to psychological therapies (IAPT) and cognitive behavioural therapy, which reflected the needs of the practice population.
- The practice performed significantly better than the CCG average in the pre-diabetes education referral programme. In 2016/17 the referral rate was 112% compared to the CCG average of 59%.

The practice's uptake for the cervical screening programme was 87%, which was better than the CCG average of 80% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening. 56% of eligible patients had undergone bowel screening in the previous year, which was lower than the

CCG average of 59%. In the same period 81% of eligible patients had undergone a breast screen, which was similar to the CCG average of 80%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates in 2016/17 were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and vaccinations for five year olds were at 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice performed significantly better in the completion of health checks, with 155% of the target of 268 offers achieved and 121% completed. This compared with the CCG average of 57% of targeted offers made and 68% completed.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A poster at reception advised patients that a private area was available for patients to discuss their appointment or to wait for the GP or nurse.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 73 comment cards, of which all but one were positive about the standard of care received. Patients noted the friendliness, approachability or welcoming attitude of reception and clinical staff on 62 cards and noted the ease of making an appointment in 58 cases.

We spoke with two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results published in July 2017 from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

In addition to the national survey, the practice conducted a patient satisfaction survey in February 2017 and received 108 responses, which reflected 2% of the patient list. The survey results found:

- 97% of patients rated the courtesy and friendliness of practice staff as excellent or good.
- 98% of patients said staff were friendly and courteous over the phone
- 95% of patients said they would recommend the service
- 96% of patients rated the overall quality of the service as excellent or good

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

The practice conducted a patient satisfaction survey in February 2017 and received 108 responses, which reflected 1% of the patient list. The survey results found:

- 98% of patients rated their clinician as excellent or good at including them in making decisions about treatment.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

Are services caring?

- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

A carer's champion provided a single point of contact for carers and facilitated access to community support groups and services. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90

patients as carers, which represented 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them and their carer status was noted on their medical record and the record of the patient(s) they cared for. Carers received an annual health check and there was a specific care pathway in place for those looking after patients receiving palliative care.

The patient advisor provided support remotely to patients when needed. For example, when a patient needed encouragement and emotional support to attend a new social group as part of their support plan, the advisor provided this by phone before the patient attended the first group and ensured they conducted a follow-up review.

The practice was proactive in identifying carers. For example, information had been added to prescription notes to signpost patients to the carer's service and a carer's identification protocol had been established. In addition a dedicated carer's notice board in the waiting area provided information for patients on how they could access support.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with local service providers and the clinical commissioning group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Advanced nurse practitioners (ANPs) led care for patients who lived in local nursing and care homes and provided weekly scheduled home visits as well as an annual review of prescriptions.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- Ultrasound equipment was available in the practice and patients accessed this through direct referral from a GP or practice nurse.
- An ANP was the lead for learning disabilities and frailty. They also worked with clinical pharmacists to ensure patients living with a long term condition were managed in line with national guidance. For example, the team acted on new guidance regarding the treatment of those living with chronic kidney disease and recalled each patient to update their prescription.
- Clinical pharmacists had developed more front-line roles that enabled them to identify and work with patients who would benefit from a change in prescriptions. For example, one pharmacist had worked with patients living with serotonin syndrome to reduce the number of medicines they needed to take whilst ensuring consistent management of the condition.
- Staff maintained a wide range of printed information for patients in the waiting room, which they provided based on known trends and needs in the local population. This included areas dedicated to young people's sexual health and safer sleep advice for new parents.
- A patient advisor was employed by the practice and provided patients with appointments of up to one hour to help them with social or holistic needs. This included providing support to understand paperwork from the local authority and facilitating access to drug and alcohol liaison workers. GPs and nurses provided a referral to the patient advisor for those who would benefit from emotional support or other mental health-related support. This service also provided support to access the Citizens Advice Bureau, which was based in the same building as well as a local homeless outreach and liaison service. This was in addition to a range of other services staff could refer patients to directly, including a walking group to improve exercise and reduce the risks associated with social isolation.
- The practice maintained a register of patients with a learning disability and offered annual health checks for each individual. Between October 2016 and September 2017 the practice completed annual health checks with 88% of patients.
- A recall system for annual reviews was in place for patients with mental health needs, including those living with dementia. Patients newly diagnosed with dementia received an initial review with blood tests and a blood pressure check.
- Online services included appointment booking, ordering of repeat medicine and access to summary care records.
- In response to the needs of the local population, GPs and nurses had completed the practice-based identification and referral to improve safety (IRIS) training to help them support patients who experienced domestic violence and abuse. In addition reception and administration staff had completed domestic violence training to help them identify potential victims and respond appropriately.
- The practice participated in the 'Find your 1%' National Council for Palliative Care campaign for better care at the end of life. As of September 2017 the practice had exceeded this target and identified 1.2% of patients as having end of life care needs.
- The practice had a dedicated disabled parking bay, step-free access to all areas and disabled toilet facilities.
- As of May 2017 12% of patients had registered for online services, which was less than the CCG average of 20% and the CCG target of 25%. Staff encouraged patients to sign up for this service opportunistically when they saw them and through posters in the waiting room.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and between 9am and 1pm on Saturdays. Appointments were from 8am to 6.15pm Monday to Friday and 9am to 12.30pm on Saturdays. In addition to

Are services responsive to people's needs?

(for example, to feedback?)

pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Through the Prime Minister's Challenge Fund and partnership with a local federated commissioning group project, registered patients could access a walk-in clinic at a neighbouring practice from 6.30pm to 8.15pm on a Wednesday and 9am to 12pm on a Saturday.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 68%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Patients who were suicidal or who did not keep to scheduled appointments due to needs relating to addiction were seen the same day.

The practice conducted a patient satisfaction survey in February 2017 and received 108 responses, which reflected 2% of the patient list. The survey results found 75% of patients said the time spent waiting for an appointment was excellent or good

There was a consistent approach from staff in all roles to adapting access to meet individual needs. For example, although the hours of work of the patient advisor had been reduced, they ensured both morning and afternoon sessions were available to meet the needs of patients who were restricted by specific work hours.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice and these were discussed and documented at monthly clinical governance meetings.
- We saw that information was available to help patients understand the complaints system.
- The practice displayed a 'You said, we did' board in the waiting area that demonstrated the changes made as a result of feedback from patients. The latest available information was from the patient questionnaire in February 2017 and indicated improvements such as better telephone access and clearer nurse responsibilities in relation to long term condition management.

The practice received seven formal complaints between October 2016 and August 2017. We saw in each case the complainant received an initial acknowledgement followed by a full explanation and resolution. In each case the primary care support coordinator investigated the complaint and documented the action taken. For example, following a prescribing error made by a locum doctor the practice found a trend of mistakes and contacted the doctor's agency to alert them and ensure the individual was not offered further sessions at the practice. Another complaint related to the change of staff following the change of provider in October 2016. In this case the practice offered truthful information and detailed information about the service the patient could expect.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice team had contributed to this with the implementation of a new provider and leadership team.
- The practice had a clear strategy and supporting business plan, which reflected the vision and values and were regularly monitored as part of the significant improvements in leadership.
- The team was focused on providing safe services that met the needs of the local population whilst making governance and leadership plans ahead of the March 2018 tendering process.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. This included a clinical governance committee that included the medical director, nursing lead, clinical leads and administration staff. The lead nurse for primary care was the lead for clinical governance, which formed part of an overall multidisciplinary approach.
- The clinical governance committee was provider-based, which meant the senior team applied consistent governance processes to all four practices within their remit. This also meant the practice had been able to join an established effective governance structure that enabled shared learning following a change of provider and need for improved safety and leadership.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained through audits and benchmarking.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- Effective governance systems meant the practice responded to clinical performance needs with action plans to review and improve. For example, monthly reviews of out of hours hospital emergency department attendances were implemented. This included contact with the parents of all children five years or younger and 5% of adults who attended hospital when the practice was open. The practice had also identified it was a relatively high referrer to secondary care in comparison with other local practices. An action plan was in place to assess this, including a focus on data quality and accuracy.
- The practice used an enhanced data sharing model from its electronic patient records system. This meant staff could securely share patient data amongst other health professionals responsible for their care.

Leadership and culture

The clinical director of Primary Integrated Community Services Ltd (PICS) maintained oversight of clinical practice with leadership support from a lead nurse for primary care, a primary care support coordinator from PICS and a practice supervisor. The practice supervisor was being supported by a primary care support coordinator from PICS to develop into the role of practice manager. This followed a period of significant change

On the day of inspection the senior team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They demonstrated how they prioritised safe, high quality and compassionate care. Staff told us their senior colleagues were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The senior team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- All of the staff and stakeholders we spoke with described a stable and well-structured team that had significantly improved with the change of provider. Staff said the implementation of new policies and protocols had improved safety, governance and the daily operation of the practice.
- The practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the senior team in the practice. All staff were involved in discussions about how to run and develop the practice, and the senior team and provider support team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The senior team had asked practice staff to identify an overriding statement that demonstrated their focus on the future of the practice and its development. The team implemented the 'PICS Cares' value statement as a result, which also formed part of the practice mission statement. This was on display in the waiting room, staff areas and clinical rooms.
- The practice had gathered feedback from patients through the patient participation group (PPG) and

through surveys and complaints received. The PPG had been re-established in October 2016 following the implementation of a new provider with seven core members. The PPG had a lead and chairperson and had begun to meet regularly. The group had met with the CCG to discuss the continued improvement of the practice and to establish their role in addressing increasing rates of depression and diabetes in the local population.

- Following their implementation in October 2016, the new provider conducted a staff survey in December 2016 to identify how staff felt about the organisation. The results showed 82% of staff reported job satisfaction, 85% reported good working relationships and 83% said they had the opportunity to fulfil the provider's expectations.
- The PPG had engaged with a local volunteer action group to provide services to patients with social needs and support with conditions such as depression and diabetes.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the role of clinical pharmacists was being expanded and they were responsible for all incoming prescription and medicine queries from patients. This meant GPs had more time to spend with patients.

The whole practice team demonstrated their commitment to ensuring action plans from the previous provider were completed and to achieve short and medium-term nursing goals.